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APPLICANTS

Natarajan Ramachandran, Uniontown, OH;

Mark Owens, Louisville, OH;

Mark D. Smith, North Canton, OH; Sean Haney, North Canton, OH;

Anfrew Junkins, North Canton, OH;

Matthew Force, Uniontown, OH;

H. Thomas Graef, Bolivar, OH;

Elizabeth M. Herrera, North Canton, OH;

Robert G. Miller, Bath, OH;

Roy Mleziva, Canton, OH;

Jeffrey A. Hill, Canton, OH;

** CONTINUING DATA ***** *Y CIP*

This application is a CIP of 09/037,559 03/09/1998 PAT 6,023,688
 which claims benefit of 60/067,316 11/28/1997

** FOREIGN APPLICATIONS ***** *N CIP*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 36	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 11
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	<i>CIP</i>	Initials	

ADDRESS

28995

RALPH E. JOCKE

231 SOUTH BROADWAY

MEDINA, OH

44256

TITLE

Automated transaction machine

<p>FILING FEE RECEIVED 1714</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<table border="1"><tr><td><input type="checkbox"/> All Fees</td></tr><tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr><tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr><tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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